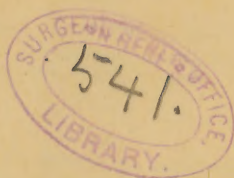


SLOCUM (H.A.)

A case of extreme puerperal
anemia and nephritis xxxxx



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**A CASE OF EXTREME PUERPERAL ANEMIA AND
NEPHRITIS; DELIVERY AT TERM WITH
FORCEPS APPLIED, UNDER CHLORO-
FORM, ABOVE THE SUPERIOR
STRAIT; RECOVERY OF
MOTHER AND CHILD.**

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THIS case is reported to show what extremes a pregnant woman may reach in those conditions that, by education and experience, we dread to encounter; and the means that, in this instance at least, were successful in enabling the mother to reach term and be delivered of a living child.

Mrs. M. P. was married at the age of sixteen years and six months. Menstruation began at fifteen. Her last period was on January 3, 1892, conception probably taking place about January 14th. By the 2d of February morning sickness had begun, gradually increasing until the end of the month, when vomiting occurred and quickly increased, so that everything taken into the stomach was rejected. She rapidly lost flesh and color, and when I first saw her at my office on March 26th she was so emaciated and weak that I was apprehensive about her ability to reach home in safety.

The bowels were inactive, and a preparation of malt with cascara was given, with cerium oxalate for the nausea. The cascara was partially successful, but the cerium oxalate had no effect.



The urine was pale, with a tinge of smoky red, and contained 1 per cent. of albumin. The specific gravity was 1004; the quantity averaged twenty ounces in twenty-four hours. The microscopic examination showed red corpuscles greatly disintegrated, small blood plaques, many pus and young epithelial cells, hyaline, granular, and epithelial casts, and hyaline disks. Severe occipital and frontal headache, marked pain throughout the lower half of the abdomen and pelvis, constant nausea and vomiting, and progressive emaciation and pallor, when considered in relation with the urine analysis, brought the case within the range of early operative interference.

Having had good results from the use of theobromine sodio-salicylate in acute nephritis, I determined to test its value here, and gave her capsules containing seven and one-half grains every four hours. This was followed so quickly by the disappearance of the pelvic and abdominal pains and the occipital headache, and an increase of the urine to sixty ounces, that no reasonable doubt exists of its having been the useful factor.

She was put upon a strictly milk diet, but the vomiting did not cease until this was changed to peptonized milk. This was continued intermittently for several weeks, but as her sufferings diminished she became less careful, returning to solid food, contrary to advice, and paying the penalty of emesis and return of headache. At these returns her condition would become so alarming that I was several times on the point of inducing abortion, and would probably have done so if I had not known of her very great desire to have a living child. Before leaving the city, in the summer, I carefully went over the case with my assistant, Dr. Homer C. Bloom, and he agreed to hold himself in readiness to induce labor should it appear necessary.

During my absence the patient had another severe attack of vomiting and a return of all her old symptoms, and a physician near at hand was hurriedly sum-

moned, who, not having the facts of the case in his possession, administered morphine, which resulted in intensifying her distress, and almost stopping the action of the kidneys altogether. Finding that she was growing rapidly worse, they sent for my assistant, who carried out the original treatment with success.

During September and October, until labor began, the urine contained about one-half of one per cent. of albumin, the specific gravity fluctuated between 1004 and 1012 and the daily amount between sixty and seventy-five ounces. At no time did the albumin disappear from the urine. On the contrary, the amount several times increased to semi-solidity on boiling, following a return to solid food and the upright posture.

On the 20th of October labor began. The pains were very weak but very painful, and the patient soon lost her self-control and exhibited general twitchings, which became more marked as the day went on. At about 4.30 in the afternoon she seemed in imminent danger of eclampsia, and I determined to dilate and deliver under an anesthetic. Almost no dilatation had taken place since morning, the os barely admitting two fingers. Dr. Bloom administered chloroform, and with Barnes's dilators I enlarged the os to nearly full relaxation, and then waited to watch the effect of a contraction. These passed with no effect at engaging, and I then applied the forceps inside the uterus above the superior strait. In about twenty minutes the head was at the vulva, and was slowly and carefully delivered, and the forceps removed. The partly asphyxiated child was quickly resuscitated and the placenta expressed. This had hardly been done when the blood poured out of the uterus in a stream. Compressing the uterus with one hand on the abdomen, the other carried the nozzle of a syringe into the cavity, and hot water was injected against the walls. All blood-clots were quickly re-

moved, and the uterus shut down, only to relax and again fill as soon as the hand was removed.

The same procedure was again tried with the same result—contraction and subsequent relaxation. Finding that the fundus did not rise beyond a certain point (about an inch below the umbilicus) I concluded to let it alone, and watched it for several minutes. No further enlargement taking place, the bandage was applied and the chloroform taken away. The bleeding ceased. If I had continued to follow the general rule to empty the uterus, I should have soon emptied all the blood of her body. The uterus gradually contracted, expelling clots until it reached its normal size. I saw mother and child December 1, and both are well.

This case illustrates the following points:

1st. A pregnant woman may present alarming symptoms of nephritis with great anemia and exhaustion, and yet go to term.

2d. The value of theobromine sodio-salicylate in aiding to bring this about (urea was increased by it), together with the use of peptonized milk as a food. (I believe we had here a merging of the nausea of nephritis into the nausea of pregnancy. The theobromine sodio-salicylate relieved the former, but had no effect upon the latter.)

3d. The danger of using morphine to relieve nausea in pregnancy without first ascertaining the condition of the kidneys.

4th. An instance in which the golden rule in post-partum hemorrhage—to “empty the uterus”—found an exception; for here the uterus was exhausted, and the clots formed the only means for closing the sinuses. There was not blood enough left in the body to stimulate the contracting centers.

